

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16		4					66						
17		4					67						
18		4					68						
19		4					69						
20		4					70						
21		4					71						
22		4					72						
23	1						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31			1				81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		1				TOTAL IND.						
TOTAL DEP.	10	56	12				TOTAL DEP.						
TOTAL CLAIMS	19		13				TOTAL CLAIMS						